Risk Placement Services, Inc.
Knowledge, Relationships, Trust and Confidence

Quote Needed By:_____

Fax To: Commercial Auto Dept.
1-866-243-0974
859-977-4418

Expiration:_____

Please Quote:
- ☐ Liability
- ☐ Physical Damage
- ☐ Excess

Public Auto Quick Quote Sheet

Agency and Name of Contact Person:	Phone Number:	Producer #

Insured:

Address:	City/County	State/Zip	For Hire:
			☐ Yes ☐ No

Yrs. Owning This Business:	Owner(s):	Prior Carrier Last Three (3) years:
		1
		2
Offering Renewal: Yes ☐ No ☐		3

List All Losses within the Last 3 Years	*Attach 3 year hard copy loss runs for all accounts with loss activity
If no prior Insurance, give details of previous business experience:	Other businesses owned?

Description of Operation:

Radius:	List states and major cities traveled into or through:
Filings: Yes ☐ No ☐	Type: FHWA Docket#

Limit of Liability:		Deductibles:
Uninsured/Underinsured:	PIP:	Medical Payments:

Excess Limits Required:

Unit #	Year	Make	Type	GVW	Seating Cap.	ACV	Deductible

Driver's Name	State	DOB	DL#	DOH	# 0f Years W/CDL	3 Yr. Driving Record List Accidents & Violations

1. Any Wheel Chair Lifts?	Yes ☐	No ☐	If Yes, Which Units?
2. Lights or Sirens?	Yes ☐	No ☐	If Yes, Which Units?
3. Operating 24 Hours?	Yes ☐	No ☐	If Yes, Which Units?
4. Any Fare Box or Meter?	Yes ☐	No ☐	If Yes, Which Units?
5. Any Contracts with Social Service Agency?	Yes ☐	No ☐	
6. Limousine - Length of Stretch for Each Unit?			
7. Profit or Non-Profit?			